

Instructions

Maternal Discharge Summary

M200 (11/01/15)

These instructions are intended to clarify data fields that users have asked about in the past and to provide definitions for other fields to ensure that all users are interpreting them in the same way. If you have any questions about these instructions or think further written instructions are needed, please contact Deb Marciniak at marciniakd1@michigan.gov or 517 324-8314.

The *Discharge Summary* is a comprehensive electronic form that captures demographic data, risk levels, interventions provided, progress during maternal interventions, and referrals made. The *Discharge Summary* must be complete and accurate with respect to each data field. It must reflect the *POC 2* and *Professional Visit Progress Note* documentation. For example, the *Discharge Summary* “Progress During Interventions” entries should precisely reflect *Progress Note* documentation.

The paper *Discharge Summary* may be only be used as a worksheet. The *Discharge Summary* must be printed out from the MIHP electronic database and filed in the beneficiary’s paper chart or downloaded or scanned into an electronic health record. The electronic version of the *Discharge Summary* will require you to complete all fields.

DEMOGRAPHIC INFORMATION AT THE TOP OF THE DISCHARGE SUMMARY

- Beneficiary First and Last Name: Insert the beneficiary’s name as shown in the CHAMPS database. If you insert the Medicaid ID number before you insert the beneficiary’s name, this will be prepopulated in CHAMPS.
- Medicaid #: When completing the discharge in the SSO system, the Medicaid number is prepopulated from the electronic *MRI*. If the Medicaid number is not on the *MRI*, you will not be able to complete the *Discharge Summary*.
- SS#: Tell beneficiary that Social Security Number is optional.
- Maternal Risk Identifier Completed Date: This is the date you administered the *Maternal Risk Identifier (MRI)*. Use the date that you documented on the *Maternal Forms Checklist*.
- Birth Outcome: Check “other” if birth outcome is unknown.
- Infant Followed in MIHP: This means that an *Infant Risk Identifier* was administered and an infant case was opened.
- Date “Completed” box: Insert the date of the last MIHP billable service (i.e., date of *Risk Identifier* visit, last professional visit, last CBE or PE class, or last transportation service).
- Number of Prenatal Visits: This is the number of prenatal MIHP professional visits. Do not count the *Risk Identifier* visit.
- Number of Postnatal Visits: This is the number of postnatal MIHP professional visits. Do not count the *Risk Identifier* visit.

- Medicaid Health Plan Contacted at time of Enrollment in MIHP: If beneficiary was not enrolled in an MHP at time of enrollment, check “no,” even if she enrolled in an MHP at a later date. This field is not required for tribal MIHPs.
- Enrolled in WIC: Check “Yes” if beneficiary was participating in WIC at the time of MIHP discharge.

RISK DOMAIN (COLUMN 1)

All MIHP maternal risk domains are listed in this column.

RISK (COLUMN 2)

The electronic *Discharge Summary* captures the beneficiary’s risk level for each identified domain at the time of MIHP enrollment (Initial Risk) and the time of discharge (Summary Risk). It also captures the beneficiary’s highest level of interim risk (Highest Interim Risk), which is defined as the highest level of risk documented for a given domain during the period that the beneficiary was in MIHP. The risk level options are: no, low, moderate, high and unknown.

1. Initial Risk Level (R)

This is the risk level for a given domain at the time of MIHP enrollment. Only the risks that score out on the *Risk Identifier Score Sheet* are indicated as initial risks on the *Discharge Summary*. This field is pre-populated from the *Risk Identifier*.

2. Summary Risk Level (S)

This is the risk level for a given domain at the time of discharge. Although Initial Risk Level is determined by the *Risk Identifier*, the Summary Risk Level is determined by professional judgment based on observation.

Always use the last risk level documented on the *POC 2* as the Summary Risk Level on the *Discharge Summary*. The Summary Risk Level **MUST** match the most recent risk level identified on the *POC 2*. You can change the risk level on the *POC 2* on the discharge date, as long as the beneficiary meets the risk criteria in Column 2.

You may only indicate “none” as the Summary Risk Level if there was no risk in a particular domain throughout the course of care.

If a beneficiary is lost to service, you will need to base your Summary Risk Level determination on the information you received at your last beneficiary contact. In this situation, there may be fields in the *Discharge Summary* that you can’t answer (e.g., birth outcome), but no “unknown” option is offered. In this case, click “other” and write “unknown” or “lost to care” or other explanation of why the birth outcome is unknown.

Provide interventions at or below the beneficiary's current documented level of risk. If you provide interventions above the beneficiary's documented level of risk for any domain, the electronic *Discharge Summary* will not record them in the "Interventions Provided" section. This means that the information will not be captured in the MIHP database at this time.

In order to provide the most appropriate care, you should increase the risk level when the beneficiary's situation matches the risk information in Column 2 of the *POC 2*, so you can implement a higher level of interventions.

3. Interim Risk Level (HI)

This is the highest level of risk for a given domain during the entire period that the beneficiary was in MIHP, as documented on the *POC 2*. For example, if housing was stable at intake, then the beneficiary became homeless, then she found stable housing again, and these changes were documented on the *POC 2*, the highest interim risk would be the risk level identified during the time that she was homeless.

HI risk captures the highest risk level for all *POC 2* domains, including those that were added based on professional judgment after the *Risk Identifier* data was entered into the MIHP database and the *Score Sheet* was received.

Highest Interim Risk is taken from the *POC 2*. When there's a change in risk level, it should be noted on the *POC 2* along with the date of the change. The risk level change must be based on the criteria in Column 2 of the *POC 2*.

INTERVENTIONS PROVIDED (COLUMN 3)

Provide the requested Column 3 information for all risk domains that were included in the beneficiary's *POC 2*. The intervention numbers documented here must be exactly the same as the intervention numbers documented in Interventions (Column 3) on the *POC 2* and on *Professional Visit Progress Notes*.

In the first column of boxes, check the box indicating the highest level of interventions that was provided, as documented on the *POC 2* and *Professional Visit Progress Notes*. The options are low, moderate, high and emergency. However, all four options are not applicable to all risk domains.

Across the row for that level:

- Check "None" if no interventions were provided for any reason other than that the beneficiary refused them. For example: beneficiary was lost to service before interventions could be implemented; this was a lower priority domain for the beneficiary and she ran out of visits; etc.

- Check “Partial” if some, but not all, interventions were provided and insert the number for each intervention that was provided. The intervention numbers documented here must be exactly the same as the intervention numbers documented in Interventions (Column 3) on the *POC 2* and on *Professional Visit Progress Notes*.
- Check “All” if all of the interventions at and below the beneficiary’s highest level of risk were provided. The intervention numbers documented here must be exactly the same as the intervention numbers documented in Interventions (Column 3) on the *POC 2* and on *Professional Visit Progress Notes*.
- Check “Refused” if the beneficiary refused to discuss that domain and no interventions were provided.

PROGRESS DURING MATERNAL INTERVENTIONS (COLUMN 4)

Provide the requested Column 4 information for all risk domains that were included in the beneficiary’s *POC 2*. In this column, you are also required to provide information for some risk domains whether or not they were included in the beneficiary’s *POC 2*. The required fields are italicized, underlined and highlighted on the *Maternal Discharge Summary Worksheet*, but are not designated as such on the electronic version. These fields are identified on the *Worksheet* to assist you as you complete the electronic version.

There are four common fields that appear in multiple domains which are defined below:

- Education Provided: This means education that was provided by MIHP, including review of MIHP education packet materials, text4baby messages, and supplementary materials in conjunction with the *POC 1* or the *POC 2*.
- Referred/Education Referred: This means that an MIHP staff encouraged the beneficiary to access another resource to obtain education or other services/supports. It does not mean that the beneficiary accepted the referral or actually accessed the resource.
- Refused or Refused Assistance: This means that the beneficiary refused treatment for the specific domain.
- Education or Risks Addressed: This means that the topic was discussed with the beneficiary during the course of care.

Family Planning

- Method identified: Beneficiary has selected the family planning method she will use including condoms and natural family planning. “Abstinence” or the statement “I don’t plan to have sex” scores out as a risk on the *Risk Identifier*.
- Plan in place: Beneficiary has identified steps she will take to access and use the method she has selected or has actually implemented these steps.

Prenatal Care

Basic Needs Food

- Food Adequate: This means the family has enough food to meet their needs each month, even if they are using a Bridge Card, WIC, Project Fresh, food pantry, etc. to obtain it.

Basic Needs Housing

- Check the “Stable” box if the beneficiary thinks her housing situation is stable. Check the “Safe” box if the beneficiary thinks her housing situation is safe. Check the “Homeless” box if the beneficiary does not have her own place of residence. She is homeless if she is residing in a shelter or temporarily staying with family or friends.

Basic Needs Transportation

- Transportation Needs Adequately Met: This means transportation needs were met during the course of service, with or without transportation assistance from the beneficiary’s MHP and/or MIHP.

Social Support

Nutrition

- There are no “progress during maternal interventions” fields for this domain.

Breastfeeding

- Breastfeeding duration: If mother continues to breastfeed at the time of discharge, count the number of months from the date baby was born to the last billable visit.

Tobacco Smoking

- Smoked: This means smoked during pregnancy.
- Smokes: This means smoking at discharge.

Substance Use Alcohol

- Refused: This means refused to answer how many drinks currently consuming.
- Refused Assistance: This means refused MIHP assistance, including referral for treatment.

Substance Use Drugs

- Current Drug Use: This is based on beneficiary self-report or professional observation.
- Refused Assistance: This means refused MIHP assistance, including referral for treatment.

Stress/Depression/Mental Health

- Refused Assistance: This means refused MIHP assistance, including referral for treatment.

Abuse/Violence

Asthma

Diabetes Type 1, 2 and Gestational

Hypertension

MATERNAL SUMMARY

- Group Childbirth Education Provided: This means your agency provided and billed for this service for this beneficiary.
- Group Childbirth Education NA: This means that you did not provide this service nor refer beneficiary to another entity for this service.
- Group Childbirth Education Attended: This means the beneficiary attended at least ½ of the classes or had ½ of the curriculum provided by your agency or by another entity subsequent to your referral.
- Immunizations Schedule: Education Referred: This means referral for additional education or to obtain immunizations.
- Immunizations Schedule: Education Refused: This means beneficiary refused referral for additional education or to obtain immunizations.
- Well Child Schedule: Education Referred: This means referral for additional education or to medical care provider for well child visit.
- Well Child Schedule: Education Refused: This means beneficiary refused referral for additional education or to medical care provider for well child visit.

REFERRALS MADE

- Leave boxes blank if no referrals were made.

ADDITIONAL COMMENTS

- Document any important information which has not been captured by the other fields on this form.

NAME OF PROFESSIONAL COMPLETING SUMMARY

- Name: This is the electronic signature, officially verifying the name of the professional who completed the *Discharge Summary*.
- Professional Credentials: Check the appropriate box.

DATE OF DISCHARGE

- This is the date that the *Discharge Summary* has been totally completed in the SSO system. The date is auto-generated after all of the data has been entered. **Ingrid is waiting to hear back from Dawn.** You have 14 days from this date to send the *Discharge Summary* to the medical care provider.

INTERNAL QA PROCESS

The *Discharge Summary* may not be inactivated in the event of a data entry error. It is strongly recommended that you establish an internal quality assurance procedure to be implemented before you submit the *Discharge Summary* data. For example, you could ask someone else on staff to review the data with fresh eyes before you submit the data to the database.

DELETING THE DISCHARGE SUMMARY

If a beneficiary is discharged but then returns to service, simply delete the *Discharge Summary*.

When a beneficiary transfers from one MIHP provider to another, the transferring agency does not complete a *Discharge Summary*. It would have to be deleted in order for the receiving agency to be able to serve the beneficiary.